

## Family PACT: Secondary Core Laboratory Codes – Sexually Transmitted Infection (STI)

familypact36

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This section identifies the procedure codes to be used for Family PACT Sexually Transmitted Infection (STI) treatment services described in the *Family PACT: Billing Code List – Secondary Core Codes, Sexually Transmitted Infection (STI) [familypact20]* section in this manual. These codes are billed with the appropriate secondary ICD-9-CM diagnosis, together with the appropriate (client's family planning method) Family PACT primary diagnosis "S" code.

### Sexually Transmitted Infections (STIs)

The Family PACT Program includes secondary core services for the diagnosis and treatment of Sexually Transmitted Infections (STIs) as related to reproductive health conditions, in addition to those available with method-specific services. Reimbursement is limited to procedures selected by the program for each specific STI diagnosis.

### Method-Specific Services Include Pre-Selected STI and UTI Testing

Each "S" code primary core service includes a pre-selected array of basic STI and Urinary Tract Infection (UTI) laboratory services for screening asymptomatic and symptomatic clients. Family PACT testing procedures are to be used as indicated by clinical assessment of an individual client's risk and need. Documentation showing medical justification for the necessity of laboratory screening and testing is required.

Refer to the *Family PACT: Primary Core Laboratory Codes – Family Planning Method [familypact35]* section in this manual for a list of pre-selected Family PACT procedure codes.

### Chlamydia (0994 – 09959)

Bill with secondary diagnosis ICD-9-CM codes 0994 – 09959.

Chlamydia core procedures are billed with the following CPT-4 or HCPCS procedure codes.

### Procedures

#### HCPCS Code

#### Description

Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

### Laboratory

#### CPT-4 Code

#### Description

87205	Gram stain
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**Syphilis  
(0910 – 0979)**

Bill with secondary diagnosis ICD-9-CM codes 0910 – 0979.

Syphilis core procedures are billed with the following CPT-4 or HCPCS procedure codes.

## Procedures

HCPCS  
CodeDescription

Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

## Laboratory

CPT-4  
CodeDescription

86593	Syphilis test, quantitative
86781	FTA-abs
87164	Dark field examination
87166	Dark field examination, without collection

**Gonorrhea  
(0980 – 09889)**

Bill with secondary diagnosis ICD-9-CM codes 0980 – 09889.

Gonorrhea core procedures are billed with the following CPT-4 or HCPCS procedure codes.

## Procedures

HCPCS  
CodeDescription

Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

## Laboratory

CPT-4  
CodeDescription

87205	Gram stain
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**Pelvic Inflammatory Disease  
(PID) – Outpatient Only  
(6140 – 6149)  
(Females Only)**

Bill with secondary diagnosis ICD-9-CM codes 6140 – 6149.

PID core procedures are billed with the following CPT-4 or HCPCS procedure codes.

**Procedures**

**HCPCS**

Code

Description

Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

**Laboratory**

**CPT-4**

Code

Description

85007	Blood count, manual with differential
85008	Manual blood smear with differential parameters
85021	Hemogram, automated
85022	Hemogram, automated with manual differential
85023	Hemogram and platelet count, automated with manual differential
85024	Hemogram and platelet count, automated and automated partial differential
85025	Hemogram and platelet count, automated and automated complete differential
85027	Hemogram and platelet count, automated
85031	Hemogram, manual
85651	Sedimentation rate
85652	Sedimentation rate automated
87110	Chlamydia culture. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87205	Gram stain

**Vaginitis/Vaginal Discharge  
(1121, 13100 – 13109,  
6160 – 6169)**

Bill with secondary diagnosis ICD-9-CM code 1121, 13100 – 13109 or 6160 – 6169.

Vaginitis/vaginal discharge core procedures are billed with the following CPT-4 or HCPCS procedure codes.

## Procedures

## HCPCS

<u>Code</u>	<u>Description</u>
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

## Laboratory

## CPT-4

<u>Code</u>	<u>Description</u>
83986	pH determination
87205	Gram stain
87210	Wet mount

**Genital Herpes  
(05410 – 05419)**

Bill with secondary diagnosis ICD-9-CM codes 05410 – 05419.

Genital herpes core procedures are billed with the following CPT-4 or HCPCS procedure codes.

## Procedures

## HCPCS

<u>Code</u>	<u>Description</u>
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

## Laboratory

## CPT-4

<u>Code</u>	<u>Description</u>
87207	Smear, special stain
87252	Virus identification, tissue culture
87274	Herpes DFA

**Genital Warts  
(0780 – 07819)**

Bill with secondary diagnosis ICD-9-CM codes 0780 – 07819.

Genital warts core procedures are billed with the following CPT-4 or HCPCS procedure codes.

**Procedures****CPT-4  
Code****Description**

54050	Destruction of lesion(s), penis; simple chemical
54056	Destruction of lesion(s), penis; cryosurgery
54100	Biopsy of penis, cutaneous
56501	Destruction of lesion(s), vulva; simple
57061	Destruction of vaginal lesion(s); simple
57500	Biopsy, single or multiple, or local excision of lesion; only to confirm vulva, vaginal, or genital warts in wart treatment candidate

**Laboratory****CPT-4  
Code****Description**

88304	Surgical pathology, Level III
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